EPI Update for Friday, August 23, 2013 Center for Acute Disease Epidemiology (CADE) lowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- West Nile virus activity continues in Iowa
- New rabies web site
- Cyclospora testing update
- Updated educational materials available
- Foodborne illness reporting study
- Introducing Samir Koirala
- Meeting announcements and training opportunities

West Nile virus activity continues in Iowa

So far in 2013, four confirmed human cases of West Nile Virus have been reported in lowa. Surveillance has also resulted in identification of three horses, three sentinel chickens, and four mosquito pools that have tested positive for West Nile virus infection. Please continue to encourage patients to take measures to prevent mosquito bites; for example, wearing mosquito repellant, especially during times of peak mosquito activity between dusk and dawn. There were 31 human cases of West Nile virus in 2012.

For additional information on West Nile virus prevention, visit www.idph.state.ia.us/CADE/DiseaseIndex.aspx?disease=West Nile Virus.

New rabies web site

CADE has developed a new rabies web site with updated documents and flowcharts. In addition, the site's new layout allows the public, health care providers, and veterinarians to more easily access pertinent information. Please take a moment to visit the new rabies web site and be sure to update the bookmarks in your web browser!

To access the new rabies web site, visit www.idph.state.ia.us/Rabies/.

Cyclospora testing update

SHL continues to receive more than 60 stool specimens a day for *Cyclospora* testing; however, SHL has **NOT** identified any specimens positive for *Cyclospora* for over two weeks. The last *Cyclospora* positive specimen was identified at SHL on July 30th. SHL continues to send backlogged testing to their partners in other states and to the VA Medical Center in Iowa City, thereby increasing the turn-around-time for this testing.

Please be aware of the recommended guidelines ordering *Cyclospora* testing:

- Patient's diarrhea began in June, or
- Patient has prolonged diarrhea (greater than five days duration eliminating the more common causes of diarrheal illness), accompanied by symptoms such as fatigue and anorexia, or

• Patient is a traveler with watery diarrhea returning from a part of the world where *Cyclospora* is endemic (such as Nepal, Guatemala, or Peru).

While *Cyclospora* has decreased significantly, the incidence of *Cryptosporidium* has increased. If the physician indicates that *Cryptosporidium* is high on the list of differential diagnoses, those labs that have capacity for *Cryptosporidium* testing are encouraged to provide this testing at their facilities to shorten the turn-around-time for results.

Updated educational materials available

The Epidemiology of Foodborne Diseases poster and the Epidemiology of Common Communicable Diseases ("purple poster") have been updated. These and many other educational materials are available through the public health clearinghouse (Iowa Substance Abuse Information Center (ISAIC) Clearinghouse).

IDPH materials on infectious diseases, environmental health, HIV/AIDS, STDs, hepatitis, immunization, tobacco use prevention, and the Women, Infants, and Children (WIC) supplemental nutrition program are provided and shipped free of charge.

For information on obtaining materials from the clearinghouse, visit http://healthclrhouse.drugfreeinfo.org/cart.php?target=category&category_id=295.

Foodborne illness reporting study

For the last two years, IDPH has been participating in a project with the Iowa Department of Inspections and Appeals, Iowa State University, and the State Hygienic Laboratory (SHL) to identify the reasons for underreporting of potential foodborne illnesses. An article outlining the findings was published in the International Journal of Environmental Research and Public Health.

To read the full article, visit www.mdpi.com/1660-4601/10/8/3684.

Introducing Samir Koirala.

"Hi, I am Samir Koirala from Nepal. I did my medical school training in Nepal and completed my Masters in Global Health from University of Oxford, UK. I am an Epidemic Intelligence Service (EIS) officer assigned by CDC to work with the Iowa Department of Public Health for two years I will be working with the Center for Acute Disease Epidemiology (CADE) and the Bureau of Family Health (BFH). I am very excited and looking forward to working with IDPH."

Meeting announcements and training opportunitiesNone

Have a fun and healthy week!

Center for Acute Disease Epidemiology lowa Department of Public Health 800-362-2736